

PM Form 3.22.1

**Out of State Placement
Initial Notice/90 Day Update**

Please provide the following information for each person being considered for Out-of-State Placement:

Name of Person			
First	Middle	Last	
Date of Birth	I.D. Number	AHCCCS I.D. Number	Health Plan
RBHA	RBHA Contact Person	RBHA Contact Phone	RBHA Contact FAX
<u>Initial Notice Questions:</u>		<u>Date:</u>	
Please list all In-State-Supports considered and why each <u>were not</u> successful.			
In-State-Support(s) Considered	Reason(s) not successful		
1.	1.		
2.	2.		
3.	3.		
4.	4.		
<div> <div> <u>Is there a scarcity of in state programming for this person?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div> <u>Is there a scarcity of appropriate placements for this person?</u> Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>			
<u>Is there a scarcity of in-state bed capacity?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>What type of programming or supports will be necessary for this person to return to Arizona?</u> _____			
<u>Do you have plans to secure the needed programming or supports?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>Describe your plans to secure the needed programming or supports.</u> _____			
<u>Are there barriers that may prevent this person from returning to Arizona?</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<u>If yes above, please describe these barriers.</u> _____			

PM Form 3.22.1

**Out of State Placement
Initial Notice/90 Day Update**

<u>90 Day Update Questions:</u>	<u>Date:</u>
<u>What is the Discharge Criteria?</u>	
<u>What progress has been made toward discharge?</u>	
<u>What is the anticipated discharge date?</u>	